

**INDIANA STATE DEPARTMENT OF TOXICOLOGY  
TOXICOLOGY ANALYSIS REQUEST INSTRUCTIONS**

**Investigating Officer:**

1. Fill out the "Toxicology Analysis Request" form completely and legibly.
2. Witness the collection of the samples.
  - a. Blood should be collected in a gray-top tube.
  - b. Check the tube expiration date prior to collection of sample.
  - c. Urine should be collected in the specimen bottle provided in the ISDT kit or other suitable container.
3. Label each sample container with the following information:
  - a. Name of subject
  - b. Collector initials
  - c. Date of collection
  - d. Time of collection
  - e. Witness initials (investigating officer)
4. Return filled blood tubes to Styrofoam holder.
5. Place Styrofoam holder and filled urine bottle into plastic zip-lock bag.
  - a. DO NOT remove liquid absorbing sheet from plastic bag
6. Affix evidence seal to zip-lock bag and return bag to kit box.
7. Place completed "Toxicology Analysis Request" form in kit box.
8. Re-assemble kit box and affix biological specimen labels where indicated on ends of box.
9. Affix biological hazard sticker to marked position on top of box.
10. Send specimens to:

INDIANA STATE DEPARTMENT OF TOXICOLOGY  
550 W. 16<sup>th</sup> Street, Suite A  
Indianapolis, IN 46202-2203

**Specimen Collector Notes:**

1. Follow appropriate clinical protocol for sample collection (for example, hospital protocol).
2. Use **non-alcohol** disinfectant to sterilize the skin collection site.
3. If blood specimen collected with a syringe – add sample to blood tube by inserting needle directly through the stopper – **do not** remove the stopper.
4. **Invert** blood tubes at least 5 times to ensure proper mixing of the anticoagulant – **do not** shake vigorously.

## ISDT USE ONLY

Name of Subject (Last, First, Middle Initial)	Date of Birth	Height/Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Title (SGT., Deputy, etc.)		Printed Officer/Coroner Name	Agency
Agency Address			Agency Case #
City/Zip			
Telephone	Fax	County of Occurrence	

Alcohol ☐ Blood ☐ Urine ☐ Other \_\_\_\_\_

Drugs ☐ Blood ☐ Urine ☐ Other \_\_\_\_\_

Other Specify the name of drug(s) involved in your case: \_\_\_\_\_

Note: Refer to ISDT website for list of drugs in panel

<b>Traffic:</b>	<input type="checkbox"/> Fatal Accident	<b>Involvement:</b>	<input type="checkbox"/> Driver	<b>Subject:</b>	<input type="checkbox"/> Injured
	<input type="checkbox"/> PI Accident		<input type="checkbox"/> Passenger		<input type="checkbox"/> Not Injured
	<input type="checkbox"/> PD Accident		<input type="checkbox"/> Pedestrian		<input type="checkbox"/> Deceased
	<input type="checkbox"/> OWI				
<b>Non-Traffic:</b>	<input type="checkbox"/> Homicide	<b>Involvement:</b>	<input type="checkbox"/> Accused	<b><u>DRE EVALUATION PERFORMED</u></b>	
	<input type="checkbox"/> Suicide		<input type="checkbox"/> Victim		
	<input type="checkbox"/> Sexual Assault				
	<input type="checkbox"/> Other (Specify) _____				
				<input type="checkbox"/> YES	<input type="checkbox"/> NO

[illegible]